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PTO/SB/21 (09-04)

# TRANSMITTAL FORM

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Total Number of Pages in This Submission

7

Application Number

10/632,482

Filing Date

August 1, 2003

First Named Inventor

PHAN, LOC X.

Art Unit

3732

Examiner Name

O'CONNOR, CARY E

Attorney Docket Number

018563-001130US/AT-00014.2

## ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
|   | <input type="checkbox"/> Landscape Table on CD  |  |
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| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
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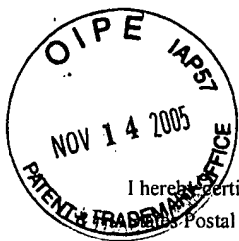
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	November 9, 2005	Reg. No.	29,541

## CERTIFICATE OF TRANSMISSION/MAILING

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TOWNSEND and TOWNSEND and CREW LLP

By: JoAnn Evangelista  
JoAnn Evangelista

PATENT

Attorney Docket No.: 018563-001130US

Client Ref. No.: AT-00014.2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

LOC X. PHAN et al.

Application No.: 10/632,482

Filed: August 1, 2003

For: ATTACHMENT DEVICES AND  
METHODS FOR A DENTAL  
APPLIANCE

Customer No.: 46718

Confirmation No. 30069

Examiner: O'CONNOR, CARY E

Technology Center/Art Unit: 3732

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 15, 2005, please reexamine and reconsider the claim rejections in view of the following amendments and remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.